

TRIHEALTH REHABILITATION HOSPITAL, LLC COMPANY POLICY

Title: Financial Assistance

PURPOSE:

TriHealth Rehabilitation Hospital, LLC. ("Hospital") desires to respond to legitimate community need with free and reduced cost care for eligible patients through its formal Financial Assistance policy ("Policy"). This Policy defines the guidelines under which patients are determined to be eligible for free care or hospital charity and identifies who is responsible for administering the guidelines.

POLICY:

Hospital is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation.

Recognizing the sensitivity of patients and their families regarding the need for charity, all publications, forms, communications and references regarding charity care will be made using the term "financial assistance" in lieu of "charity care" or "charity assistance". Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Hospital's procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to do so. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow Hospital to provide the appropriate level of assistance to the greatest number of persons in need, the following guidelines are established for the provision of patient financial assistance.

I. Definitions

For the purpose of this Policy, the terms below are defined as follows:

"Family" has the following meaning depending upon the age and circumstances of the patient:

- (a) If the patient is eighteen years of age or older, then **"Family"** means:
 - (i) the patient;
 - (ii) the patient's spouse, regardless of whether they live in the patient's home or are separated; and
 - (iii) all of the patient's children, natural or adoptive, under the age of eighteen who live in the patient's home

- (b) If the patient is under eighteen years of age, then **"Family"** means:
 - (i) the patient;
 - (ii) the patient's natural or adoptive parent(s), regardless of whether they live in the patient's home; and
 - (iii) all of the parent(s)' children, natural or adoptive, under the age of eighteen who live in the patient's home

- (c) If the patient is the child of a minor parent who still resides in the home of the patient's grandparents, then **"Family"** means:
 - (i) the parent(s); and
 - (ii) the parent(s)' children, natural or adoptive, who reside in the home

"Family Income" means income from all members of the patient's Family who are 18 years of age or older. For purposes of this definition, Income, as determined on an annual, pre-tax basis and exclusive of capital gains and losses, includes:

- gross wages, bonuses, tips, farm and self-employment income, unemployment compensation, strike benefits, workers' compensation, Social Security benefits, Supplemental Security Income, public assistance (excluding noncash benefits), military family allotments, veterans' benefits, survivor benefits, pension or retirement income, training stipends, interest, dividends, rents, royalties, tax refunds, income from estates and trusts, insurance and annuity payments, educational assistance, alimony, child support (provided that the patient is the child who is the intended recipient of the child support), regular support from family members living outside the household, and other miscellaneous sources, if significant.

"Financial Assistance" means healthcare services that have or will be provided but are never expected to result in cash inflows that result from Hospital's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

"Financial Need" means a Family Income that is demonstrated to not exceed four hundred percent (400%) of the Federal Poverty Guidelines as established for the corresponding Family size.

"Medical Indigence" means the situation when a patient's medical bills for Eligible Services exceeds two hundred percent (200%) of the patient's Family Income after the application of all eligible discounts available under this Policy.

"Uninsured" means the patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

"Underinsured" means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

II. Eligible Services

Services eligible under this Policy ("Eligible Services") include all medically necessary services provided by Hospital except:

1. Services not billed by Hospital, including Physician services, ambulance services, etc.
2. Services not covered by Medicaid
3. Retail pharmacy take-home drugs
4. Patient convenience items, including, but not limited to, private room, television and phone charges

III. Eligible Patients

Any patient receiving an Eligible Service may be eligible for Financial Assistance if the patient meets any of the following criteria.

A. Eligibility for Free Care. Eligibility for free care will be considered for residents of the state of Ohio who apply for Financial Assistance and meet the eligibility requirements as stipulated by the Hospital Care Assurance Program (HCAP) as administrated through the Ohio Department of Job and Family Services (regardless of applicability of HCAP to Hospital). Free care is based on the Federal Income Poverty Guidelines as annually published by the Department of Health and Human Services in the Federal Register.

B. Eligibility for Charity Care. Eligibility for charity care will be considered for those individuals who are Uninsured, Underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination

of Financial Need in accordance with this Policy. The granting of charity care shall be based on an individualized financial assessment, and shall not take into account age, gender, race, sexual orientation or religious affiliation. Hospital patients who are eligible for charity care may receive Financial Assistance, in accordance with this Policy, with respect to satisfaction of their deductibles, co- insurance, and co-payment responsibilities.

C. Medical Indigence. Any patient whose medical bills for Eligible Services exceed two hundred percent (200%) of the patient's Family Income after the application of all other discounts, as described in paragraph D below, may receive an additional sixty percent (60%) discount on such bills.

D. Other Charitable Discounts. In its discretion, Hospital may provide other Financial Assistance to patients for Eligible Services depending upon their unique situations. Such possible Financial Assistance may include the following discounts:

1. Uninsured Discount. An Uninsured patient may receive a discount of forty percent (40%) for Eligible Services, provided the patient completes the Financial Assistance Application.
2. Unique Circumstances Allowance. Allowances may be granted to patients with unique circumstance who do not qualify for any other Financial Assistance.
3. Payment Discounts. Patients may receive interest-free payment plans and prompt pay discounts, as approved by Hospital's patient accounting department.

IV. Determination of Financial Need

A. Charity Care Guidelines. Eligible Services will be made available to a patient on a sliding fee scale, in accordance with Financial Need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:

1. Patients whose Family Income is equal to or less than 150% of the FPL as determined by the financial assessment will receive a 100% discount for Eligible Services provided by TriHealth.
2. Patients whose Family Income exceeds 150% but is equal to or less than 300% of the FPL as determined by a financial assessment will receive an 80% discount for Eligible Services.

B. Procedure. Financial Need will be determined in accordance with procedures that involve an individual financial assessment, and may:

1. include an application process, in which the patient or the patient's guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of Financial Need;
2. include the use of external publically available data sources that provide information on a patient's or a patients guarantor's ability to pay (such as credit scoring); Hospital may use third party and/or external, publicly available data sources that prove information on a patient's or a patient's guarantor's ability to pay (including, but not limited to, credit scoring);
3. include reasonable efforts by Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs; and
4. include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history

C. Initial Determination and Re-evaluation. It is preferred, but not required, that a request for Financial Assistance and a determination of Financial Need occur prior to rendering of services. Due to the manner in which medical services are delivered, however, the determination may be done at any point in the collection cycle.

A determination of Financial Need must be re-evaluated at each subsequent time of service if the last financial evaluation was completed:

- a. more than forty-five (45) days prior, for patients with a Family Income below 100% of the FPL if the patient is readmitted as an inpatient for the same condition;
- b. at a prior inpatient visit for a different condition; or
- c. at any time additional information relevant to the eligibility of the patient for Financial Assistance becomes known

D. Timeliness. Requests for Financial Assistance shall be processed promptly, and Hospital shall notify the patient or applicant within thirty (30) days of receipt of a completed application including all necessary documentation.

V. Publication of the Policy to Patients and the Public.

Hospital intends to widely publicize this Policy to assist its patients and the community in receiving access to financial assistance. Notification about Financial Assistance available from Hospital shall be disseminated as follows:

- information will be provided by registration personnel;
- information will be included with patient statements;
- information will be posted on signage within the hospital;
- information will be posted on Hospital's website; and
- information will be available and/or posted at other public places as Hospital may elect

Additionally, copies of Hospital's Financial Assistance Application will be available for distribution, located on Hospital's website, and included with all patient bills.

Such information shall be provided in the languages considered by Hospital to be commonly spoken by the population it serves. If translation or other assistance is needed to facilitate completion of Hospital's Financial Assistance Application, translation and other reasonable requests for assistance will be provided.

Referral of patients for a determination of Financial Assistance may be made by any member of the Hospital staff or medical staff or by the patient or a family member, close friend, associate of the patient, or any other physician involved in the patient's care, subject to applicable privacy laws.

I. Relationship to Collection Policies.

Hospital will not pursue extraordinary collection actions against a patient or guarantor before Hospital has made all reasonable efforts to determine whether the patient is eligible for Financial Assistance under this Policy.

II. Billing Gross Charges.

Hospital may potentially bill a patient for gross charges prior to knowing that the patient qualifies for Financial Assistance. Hospital, however, will not use gross charges when billing individuals who Hospital knows qualify for Financial Assistance.

VI. Other Provisions.

A. Staff Training. Hospital will train its staff in the Admitting/Registration and Patient Accounting departments with regard to the availability of Financial Assistance under this Policy.

B. No Expectation of Referrals. Discounts offered under this Policy will not in any way be tied to future access to or provision of health care services covered by a federal or commercial program or payer. Similarly, no discount will be offered in response to current, past or future health services as a reward for accessing these services.

C. Management Annual Report and Budgeting. Hospital will periodically evaluate its Financial Assistance program under this Policy and will prepare annual reports as appropriate. The costs of Financial Assistance will be reported annually in Hospital's financial statements, and elsewhere as appropriate.

D. Regulatory Requirements. In implementing this Policy, Hospital management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

DATE INFORMATION:

Effective Date: _____

Last Review Date: _____

APPROVED BY: _____

Exhibit A - Hospital Financial Assistance Discounts for Uninsured and Underinsured

FINANCIAL ASSISTANCE: FAMILY ELIGIBILITY AND DISCOUNT GUIDELINES
EFFECTIVE JANUARY 15, 2020

Uninsured & Underinsured Family Size	100% Discount	80% Discount
	(0% - 150% of Poverty Guidelines)	(151% - 300% of Poverty Guidelines)
1	Family Income at or below \$19,140	Family Income between \$19,141 and \$38,280
2	Family Income at or below \$25,860	Family Income between \$25,861 and \$51,720
3	Family Income at or below \$32,580	Family Income between \$32,581 and \$65,160
4	Family Income at or below \$39,300	Family Income between \$39,301 and \$78,600
5	Family Income at or below \$46,020	Family Income between \$46,021 and \$92,040
6	Family Income at or below \$52,740	Family Income between \$52,741 and \$105,480
7	Family Income at or below \$59,460	Family Income between \$59,461 and \$118,920
8	Family Income at or below \$66,180	Family Income between \$66,181 and \$132,360

**For families with more than 8 persons, add \$4,480 for each additional person.